UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF MISSISSIPPI

ECF REGISTRATION FOR ATTORNEYS

Attorneys wishing to file documents with the Court within CM/ECF must possess an ECF user id and password. To obtain the ECF user id and password the following is required.

- 1. Complete Attorney ECF Training
- 2. Complete all information on this form
- 3. In accordance with the Local Rules, provide an Internet Email address for Service
- 4. Sign and return this Registration to the Court

When we receive your printed registration form with your signature and validate the information, a user id will be sent to you at the email address you provide.

User Type:	Full (Attorney)		
First Name	Middle Name		
Last Name	Generation		Generation
Title			
Bar ID		State	Date of Admission
Firm Name			
Address			
City		State	e Zip
Phone		Fax	(Include Area Code)
Internet Emai	l Address for Service		
SELECT ON	Ε:		
I have o	completed training with thi	is Court on	(date)
	ready certified (Certification of the control of the control of the court of the co	_	ered user in good standing with the
Certify	ing Court		Date Certified
You may select	your own id and password	l, based on availabil	ity. If unavailable, you will be
contacted to ma	ake another selection. You	will be notified by	email when your account is activated.
ID		Password	
ATTORNEY SIGNATURE:			Date:
CERTIFIED FOR REGISTRATION BY:			Date: